



Growth, Enterprise and Trade

Worker Advisor Office – Labour and Regulatory Services
606-401 York Avenue, Winnipeg, Manitoba, Canada R3C 0P8
T 204-945-5787 / 1-800-282-8069 F 204-948-2020
www.gov.mb.ca/labour/wao

<<Date>>

<<Name of Treatment Provider>>

<<Facility>>

<<Address>>

<<City, MB Postal Code>>

Re: <<Name of Client>>

D.O.B.: <<Client's Date of Birth>>

Workers Compensation Board (WCB) of Manitoba Claim No.: <<WCB Claim No.>>

Dear <<Treatment Provider>>,

I am a Worker Advisor employed by the Manitoba Government to provide services to injured workers who wish to appeal a claim decision by the Workers Compensation Board (WCB) on a matter affecting entitlement to benefits.

<<Client Name>> has requested our services to appeal a decision by the WCB which <<identify WCB's decision>>. For our office to advance an appeal on this issue on behalf of <<client's name>>, we need some additional medical information. I have enclosed the authorization form signed by <<name of client>> which permits you to disclose this information to our office.

Our office appreciates your time and expertise. If you are unable to respond to this request or have no additional information to provide, please do not prepare a written response or undertake any significant review. I would appreciate it if you would notify me with a quick telephone call that you will not be responding.

If you are providing written information, please provide your response within 6 weeks. If more time is required, please contact me directly to discuss. Please provide a response to all the questions along with a full statement of facts and reasons in support of your opinion in the event this matter proceeds to a Medical Review Panel.

Our office is authorized to pay up to \$200.00 for your report. It is important for you to contact me if your fee will exceed this amount in order for me to seek the necessary approval.

Finally, the standard of proof used by the WCB in its decisions is a "balance of probabilities". Please apply this standard when providing your responses to the questions below.

<<INSERT QUESTIONS AND BACKGROUND>>

You may add any additional information you believe is relevant to this matter. Please be advised that your response may be shared with <<<name of client>>.

Thank you for your assistance.

Yours truly,

<<Your Name>>

Worker Advisor

Worker Advisor Office

Phone: 204-945-<<you extension>>

Encls.

***See Attachment "A" for WCB definitions and Attachment "B" for invoicing information.**

Attachment “A”

DEFINITIONS

The Workers Compensation Board uses the following definitions:

Aggravation:

The temporary clinical effect of a compensable accident on a pre-existing condition such that the pre-existing condition will eventually return to its pre-accident state unaffected by the compensable accident.

Enhancement:

Where a compensable injury permanently adversely affects a pre-existing condition.

Opinion:

A full statement of the facts and reasons supporting a medical conclusion.

Attachment “B”

INVOICING INFORMATION FOR ACCOUNTS

Please send a separate invoice, along with your medical report, to my attention at:

Worker Advisor Office
Room 406 – 401 York Avenue
Winnipeg, MB R3C 0P8

The invoice should indicate whether payment is to be made to the doctor or to the clinic. **If payment is to be made to the doctor as an individual, then we require the doctor's Social Insurance Number (SIN). A T4A will be issued to the doctor (no deductions will be taken). If payment is to be made to a corporation, please indicate the GST or Business number on the invoice and the SIN would not be required.**

Please do not include the GST in your invoice; services provided to the Manitoba Government are exempt from this tax. For your information, our GST Registration Number is: R107863847. Immediately upon receipt of your invoice, I will forward it to our Finance Department for payment.

Payments for reports will be based on the Manitoba Medical Association Guide to Fees. For your convenience, please make reference to Section (I) Medico-Legal. If you find that you must charge a fee that is in excess of the suggested fee as printed in the General Schedule, we would appreciate justification of this fee.

Our office appreciates your time and expertise. However, **if your fee will exceed \$200.00**, please call me prior to completing any significant review in order that I may seek the necessary approval.